



**2023 – Dairy Hygiene (SMR 4)**

**General Details**

Main Location Code

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Business Reference No.

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**A.** List all location codes **visited** for this report (including MLC if visited)

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Origin of inspection (tick appropriate box)

<b>Risk</b>	<input type="checkbox"/>	
<b>Random</b>	<input type="checkbox"/>	
<b>Target</b>	<input type="checkbox"/>	<b>Question No(s):</b>

**B.** Notice of inspection  
(1= unannounced, 0-3 hrs; 2= 3-24 hrs; 3= 24-48 hrs; 4= 2-14 days; 5= >14 days)

Please give reason for notice (all categories)

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**C.** Date of Inspection

		/			/		
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**D.** Person(s) present at or involved in this inspection

RPID	FARMER / AGENT

**The reference to milk includes colostrum if it's sold for human consumption**

1 Are dairy animals (cows, sheep or goats) in a good general state of health and not suffering from any disease that might result in the contamination of milk?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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**Diseases include the infection of the genital tract with discharge, enteritis with diarrhoea and fever, or inflammation or wounds to the udder**

2 If **No to 1**, does the farmer have appropriate arrangements to prevent milk from sick animals from entering the bulk tank?

Yes No

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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S4.A22

3 Has the farmer administered any unauthorised substances or products to milking animals?

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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S4.A22

4 Has the farmer observed withdrawal periods for authorised products administered to milking animals?

Yes No

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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S4.A22

5 Does the dairy herd have a Tuberculosis and Brucellosis disease-free status?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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6 If **No to 5**, has milk from non-reactor animals been marketed for direct human consumption without being pasteurised?

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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S4.A23

7 If **No to 5**, has milk from reactor animals been marketed for direct human consumption?

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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S4.A23

8 Does the farmer have suitable arrangements to isolate animals that are infected or suspected to be infected with a disease that might result in the contamination of milk?

Yes No

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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S4.A24

**Diseases include Tuberculosis, Brucellosis, infection of the genital tract with discharge, enteritis with diarrhoea and fever, inflammation or wounds to the udder**

9 Is the place where milk is stored, handled and cooled located and constructed to limit the risk of contamination? Yes No  
   
S4.A25

10 Are the premises used for storing milk;  
 — **protected against vermin (including birds and birds' nests);**  
 — **adequately separated from where the animals are housed and;**  
 — **equipped with suitable refrigeration equipment?** Yes No  
   
S4.A26

11 Are the surfaces of equipment intended to come into contact with milk –  
 • Easy to clean, disinfect (where necessary) and made of non-toxic materials?  
 • Cleaned (disinfected where necessary) and maintained in a sound condition? Yes No  
   
S4.A27  
S4.A28

**Utensils, clusters, containers, tanks etc.**

12 Does the farmer milk hygienically and ensure teats, udders and adjacent parts are clean before attaching clusters? Yes No  
   
S4.A29

13 Are animals under-going medical treatment? Yes No

14 If Yes to 13, are  
 — **animals adequately identified and;**  
 — **practices which prevent milk from these animals being used for human consumption, being followed?** Yes No  
   
S4.A29

15 Is milk immediately after milking;  
 — **held in a clean place designed and equipped to prevent contamination and;**  
 — **cooled to 8°c if collected daily or 6°c if not collected daily?** Yes No  
   
S4.A30

**Summary of Breach Findings**

Requirement breached & Question number (e.g. GAEC 3 – Q3.3)	Intent Negligent/ Intentional	Extent On farm/ Off farm	Severity Very low/Low/ Medium/High	Permanence Rectifiable/ Permanent	Reoccurrence 1 <sup>st</sup> offence/ 2 <sup>nd</sup> offence/ 3 <sup>rd</sup> offence
Breach Comment					
Breach Comment					
Breach Comment					
Breach Comment					

If breach(es) have been discovered, please leave comment(s) in section E.

**E. Inspector’s comments (general)**

Inspector’s signature - \_\_\_\_\_  
 Name - \_\_\_\_\_  
 (BLOCK CAPITALS)

Date - \_\_\_\_\_

**F. Applicant / representative's comments**

**Applicant's signature -** \_\_\_\_\_  
**Name -** \_\_\_\_\_  
(BLOCK CAPITALS)

**Date -** \_\_\_\_\_